

PUBLIC COMMENTS  
COMMUNITY FORUM  
BEND, OREGON  
MAY 14, 2008

---

**COMMENTS ARE ORGANIZED BY BUDGET THEME.**

Comments that addressed more than one theme were placed under the theme that seemed most closely related. Every effort was made to record comments verbatim, although some comments have been edited for the sake of clarity.

---

**1. VULNERABLE OREGONIANS HAVE ACCESS TO HEALTH CARE.**

**Comments from the breakout sessions:**

There are issues with increased auditing of Medicaid and how that process works.

We need a closer look at some of the fall-out about who qualifies for the OHP and tough cases about individuals. Some people on the OHP didn't care anyway because they couldn't afford the premiums.



**Comments from the discussion session:**

None.

**2. OREGONIANS HAVE ACCESS IN THEIR COMMUNITIES TO THE MENTAL HEALTH CARE AND ADDICTIONS TREATMENT THEY NEED.**

**Comments from the breakout sessions:**

Need higher mental health rates at reimbursement for treatment. There has been a little increase in residential treatment, but the reimbursement is about 70 percent and detox hasn't had an increase in 20 years.

Community mental health is seeing an increase in indigent care. Who picks up that cost? There aren't enough funds to help in this area.



Substance abuse care and care for specific services needs better funding. The dollars run out before the service ends.

Look at holistic care in relationship to public safety and mental health. How do we do this transition to help clients the whole way through to help with prevention; \$4 million has been allocated for jail diversion.

When you have a client with a lot of issues, we just don't know where to send them for help because the answer is "no" everywhere.

A huge issue for just about every group is the general need for more mental health services for children. Part of the issue is about early prevention and intervention, early mental health, early parenting classes. If we do it early enough, it would be more effective.

We need more funding in Oregon Recovery Homes.

### **Comments from the discussion session:**

I'm the mental health director in Deschutes County. The community services workgroup report has mapped out a plan for two to three biennia. If you can develop some of your strategies along those lines, that would be essential and valuable. The bar is too high; the hurdle is too high to do in one session.

### **3. SENIORS AND PEOPLE WITH DISABILITIES LIVE SAFELY AND INDEPENDENTLY IN THEIR COMMUNITIES.**

### **Comments from the breakout sessions:**

I am with a nursing facility. We have much diversity of care providers, but a lot of streamlining issues. One is in regard to lack of staffing due to inappropriate reimbursement or funding for those providers. In addition, the lack of education for the complexity of care provided. We need better training, staffing and reimbursement for in-home providers and nursing facilities that have new staffing requirements. Warm Springs Reservation has a tremendously difficult time keeping case and social workers employed. They get them trained and they move on to something different. I think we will experience this situation more broadly.

From a nursing home perspective, we are asking you to look at putting the funding we pay for licensing into a quality assurance pot to provide for education and training and improve the care services.

I am acting director of social services for Confederated Tribes of Warm Springs and director of Tribal Rehab. On the reservation, we see double the rate as in the general population of people with disabilities because of the fact that in the three primary languages on the reservation there is no word for disability and the fact that health and medical services have been cut to the bone. The incidences are significantly higher than in the general population.



Home health reimbursements saw some improvement, but it's one of the things that is least costly. It's important to look at this for savings in hospitalizations.

### **Comments from the discussion session:**

None.

### **4. CHILDREN ARE SAFE AND HEALTHY.**

**Comments from the breakout sessions:**

School-based health centers are a great way to provide services to kids. At some of these centers, parents can come in too.

Consistent child care and retaining child care workers is important. The more qualified the child care provider is, the better the child will be prepared for kindergarten. An idea is for DHS to factor health insurance into the ERDC program so that providers can get health insurance, which will help the retention rate of child care providers.

In Deschutes County there is lots of discussion about redeveloping our safety net program for children who are at high risk of entering the child welfare system. Once the child is identified as at-risk, there isn't anywhere to go for help.



We need more resources for children in foster care in terms of providing for a better relative search, and allowing us to create the connections for kids in foster care and relatives.

**Comments from the discussion session:**

None.

**5. FAMILIES ARE SAFE AND STABLE.**

**Comments from the breakout sessions:**

Don't cut the seniors farmers market program.

We understand about the 90 percent of TANF families, but we have a huge population of parents who are not on TANF who have a high rate of abuse.

We need to find ways to improve access to services for homeless people. They are already at a disadvantage. No home, no cars, and most have kids and can't get to services. Increase the number of caseworkers at homeless shelters to help those families, especially in the outlying areas.

Have DHS representatives on site to help with individuals in homeless shelters.

**Comments from the discussion session:**

None.

**6. DHS PROMOTES PREVENTION, PROTECTION AND PUBLIC HEALTH.**

**Comments from the breakout sessions:**

We talked about changes at the federal level and how these affect the local level – emergency preparedness is one. In the beginning it was dual purpose for communicable disease and now they are looking at changing that so we can't.

As we look at public health, there has been some conversation about a smaller county not needing the same, but it's my opinion that we are lowering the bar.



I support the idea of OHP reimbursement for nutrition consultation and being able to get reimbursement, especially as it relates to some of the obesity work.

Around prevention on the public health side, over the years they have started prevention programs for seniors, community assessments, self-management and when the funding goes away, you end up without the program going any further. How can we create sustainability?

**Comments from the discussion session:**



None.

**7. SERVICES ARE SAFE AND AVAILABLE IN COMMUNITIES WHEN THEY ARE NEEDED.**

**Comments from the breakout sessions:**

Transportation funding is not available for some very specific needs, like homeless shelters, which then compounds homeless people's needs because they can't make it to their appointments, like mental health or drug/alcohol counseling. Their needs escalate and it costs more money to care for them because they then need hospitalization and a higher level of care.

We have a crucial need for training and staff support, both in terms of salary and education, because it's extraordinarily difficult to attract and retain staff



who are culturally qualified to address the needs of clients. We get staff trained and they make double or triple the salary elsewhere. Currently the 121 Tribal program is not unique; the situation is the same across the country – it is funded at 1/3 or less than the rest of the country. The need is acute and our

service area is 65 miles beyond reservation boundaries, which means we serve most of the state with two staff. We need training and support at the local and legislative level to adequately ensure service delivery. Please make that a priority.

I am the Crook County health director. There is a need to better coordinate some services around how we do prevention and looking at the other DHS divisions, whether it's home visiting services, nurses in child welfare working with parents, etc.

Indigent acute care is an issue at the hospital. When they run out of money and the hospital picks up the cost, it gets transferred to the insurance companies so that everyone ends up paying.

Warm Springs health services have been cut to the bone, so only critical care life-and-death issues are being taken care of.

**Comments from the discussion session:**

Staff shortages across departmental lines are a critical need in rural areas particularly. What plans are there to recruit and retain qualified people specifically for the rural areas of the state?

**8. DHS HAS THE CAPACITY TO MEET CLIENTS' NEEDS.**

**Comments from the breakout sessions:**

There are workload issues revolving around case managers; they are not able to perform their duties as diligently as they should because their ratio is too



high. They are not able to respond as quickly as needed; they may make an alternative placement decision that is not ideal for the client. They are short on time, come in and interview the client and can't get to the full assessment. They need a true picture of what that client needs to appropriately care for them.

Look at transition programs at home and connect them to the local resources and coordinate resources to make sure we are not in silos.

We need more structure to provide services together so we dovetail and try not to duplicate services.

We need to get contracts back in a reasonable time so there's not a delay to provide the services in the community.

Contracts are different depending on the county and differing policies.

We support a needs-based budget process.

I am with the Deschutes County Commission on Children and Families.  
Provide an increase in resources in the DHS budget to allow for greater staff participation in communities.

Develop community partnerships such as early childhood task forces.

We need more money for better coordination between programs, for example the relationship between DHS and homeless shelters.

**Comments from the discussion session:**

None.

###